

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036488

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5037

STATE FILE NUMBER

FILED SEP 27 1963

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
58 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Gen. Hosp. & Med. Center

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
3322 Hardesty St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Frances Nellie Streets

4. DATE OF DEATH  
Month Day Year  
9 - 7 - 1963

5. SEX female

6. COLOR OR RACE negro

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
7-22-05

9. AGE (last birthday)  
58

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Maid

10b. KIND OF BUSINESS OR INDUSTRY  
Hotel

11. BIRTHPLACE (City and state or country)  
Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Charley Blackburn

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Harry Streets

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.  
[redacted]

17. INFORMANT  
Charles J. Hurt, K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

renal failure

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-21-63 to 9-7-63 and last saw her alive on 9-7-63  
Death occurred at 7:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of [redacted])

22b. ADDRESS  
2400 Cherry

22c. DATE SIGNED  
9-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9-16-63

23c. NAME OF CEMETERY OR CREMATORY  
Highland Cemetery

23d. LOCATION (City, town, or county)  
Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS  
Mrs. Meek's Mortuary, K. C., Mo.

25. DATE RECD. BY LOCAL REG.  
9-13-63

26. REGISTRAR'S SIGNATURE  
Beattie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Willard B. Perkins

Licensed Embalmer No. 5013

P. O. Address N. C. MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

12 0828

FILED